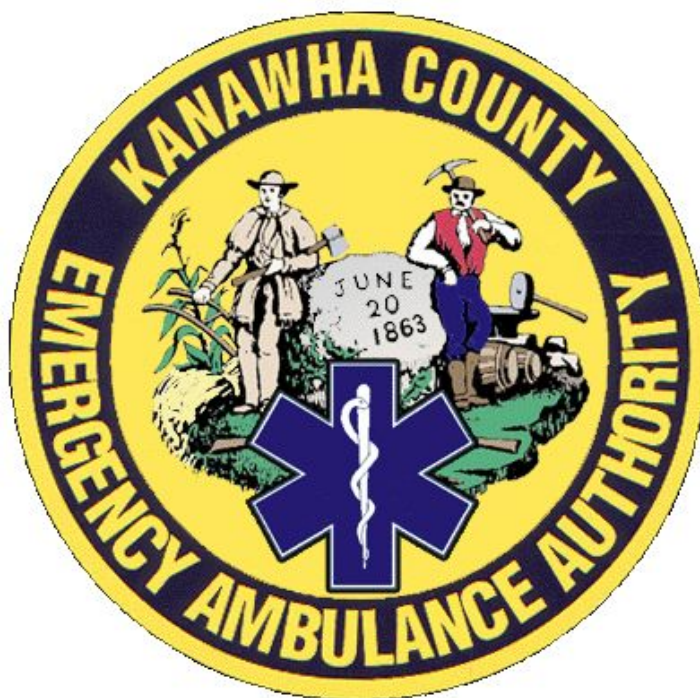


# Employment Application

## Kanawha County Emergency Ambulance Authority



P.O. Box 292  
Charleston, WV  
25321

304.345.2312

[www.kceaa.org](http://www.kceaa.org)

**KANAWHA COUNTY EMERGENCY AMBULANCE AUTHORITY**

**APPLICATION FOR EMPLOYMENT**

**TO APPLICANT:** FEDERAL AND STATE LAWS REQUIRE THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

(PLEASE PRINT)

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **SOCIAL SECURITY NO.** \_\_\_\_-- \_\_\_\_-- \_\_\_\_  
 LAST FIRST MIDDLE

**PERSONAL**

**ADDRESS** \_\_\_\_\_  
 NUMBER STREET CITY STATE ZIP

**TELEPHONE NO.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ **REFERRED BY:**  **OUR ADVT.**  **FRIEND OR RELATIVE**  **NO ONE**

**POSITION(S) APPLIED FOR** \_\_\_\_\_  **FULL TIME**  **PART TIME**

**HAVE YOU WORKED FOR US BEFORE?**  **YES**  **NO** **IF YES, WHEN?** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**EDUCATION**

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE
ELEMENTARY			
HIGH SCHOOL			
COLLEGE	MAJOR:		
	DEGREE:		
EMS			

**ARE YOU OVER 18 YEARS OF AGE?**  **YES**  **NO** **IF NO, STATE YOUR AGE?** \_\_\_\_\_  
 (EMPLOYMENT SUBJECT TO MINIMUM LEGAL AGE VERIFICATION)

**ARE YOU A U.S. CITIZEN?**  **YES**  **NO** **IF NO, CAN YOU LEGALLY REMAIN PERMANENTLY IN THE US?** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)?**  **YES**  **NO**

**IF YES, LIST CONVICTIONS:** \_\_\_\_\_

## KCEAA APPLICATION PAGE 2

- Are you willing to work overtime? \_\_\_\_\_

- Date available for Work? \_\_\_\_\_

- Do you know any reason why you cannot perform the essential functions of the position for which you are applying? \_\_\_\_\_

**PRIOR EMPLOYMENT**

Employer:	Phone:	From:	To:
Address: <span style="float: right;">City, State, ZIP</span>		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone:	From: <del>XXXXXXXXXXXXXXXXXXXX</del> [ K	
Address: <span style="float: right;">City, State, ZIP</span>		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone:	From:	To:
Address: <span style="float: right;">City, State, ZIP</span>		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

**May we contact your present employer?**     YES     NO

**MILITARY**

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

**KCEAA APPLICATION PAGE 3**

**YOUR QUALIFICATIONS**

**WV OPERATOR #** \_\_\_\_\_

**WV EMT #** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**WV MICP #** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**NR EMT-P #** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**ACLS PROVIDER** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**ITLS/PHTLS** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**PEPP** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**CPR** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**EMS/FIRE SERVICE RELATED TRAINING:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMS/FIRE/PROFESSIONAL AFFILIATIONS (OTHER THAN LISTED UNDER PRIOR EMPLOYMENT):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

